

# **2014 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L10000088666

**FILED**  
**Oct 21, 2014**  
**Secretary of State**

**Entity Name:** FAMILY DOCTORS AUTO INJURY CENTER, LLC

**Current Principal Place of Business:**

13250 N. 56TH STREET  
SUITE #101  
TEMPLE TERRACE, FL 33617

**New Principal Place of Business:**

**Current Mailing Address:**

13250 N. 56TH STREET  
SUITE #101  
TEMPLE TERRACE, FL 33617

**New Mailing Address:**

**FEI Number:** 27-3225281

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SANTIAGO, MELISSA A  
13250 N. 56TH STREET  
SUITE #101  
TEMPLE TERRACE, FL 33617 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: MELISSA SANTIAGO

Electronic Signature of Registered Agent

Date

**AUTHORIZED PERSONS:**

Title: MGR  
Name: SANTIAGO, MELISSA A  
Address: 13250 N. 56TH STREET SUITE # 101  
City-St-Zip: TEMPLE TERRACE, FL 33617

Title: MGR  
Name: SANTIAGO, RAMON  
Address: 13250 N. 56TH STREET SUITE #101  
City-St-Zip: TEMPLE TERRACE, FL 33617

I hereby certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am authorized to execute this report as required by Chapter 605, Florida Statutes.

SIGNATURE: MELISSA SANTIAGO

RA

10/21/2014

Electronic Signature of Authorized Person

Date